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ABSTRACT

This document reports on a fall 1994 working conference on linking education, health, social services, and other supports that children and families need, with the school as the hub. The conference involved six working groups. Four working groups were age-related, discussing early childhood, elementary, adolescent, and youth-in-transition school-linked programs. The other two groups focused on interprofessional development and evaluation. Recommendations from the groups were largely organized around the following themes: committed leadership, cultural sensitivity and congruence, participant-driven systems, interprofessional development, new research approaches, and flexibility in policies. The document includes: remarks presented by Sharon P. Robinson of the Department of Education and Jane A. Stallings of the American Educational Research Association, highlights of what is known from research and what needs to be known, a list of commissioned background papers, a list of steering committee members, and a list of conference participants. Descriptions of 22 exemplary school-linked comprehensive programs are offered, outlining who the collaborators are, the project goals, project participants, services provided, project evaluation, and what the collaborators are learning. Twelve interprofessional development programs are also described, focusing on types of interprofessional activities, how the community is served, clinical experiences offered, how schools participate, and program evaluation. (JDD)

ED 382 580

School-Linked Comprehensive Services for Children and Families

What We Know and What We Need To Know

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School-Linked Comprehensive Services for Children and Families

What We Know and What We Need To Know

Jointly Sponsored by

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April 1995

Foreword

History

Sometimes we learn from the past. The fall 1994 *Working Conference on School-Linked Comprehensive Services for Children and Families: What We Know and What We Need To Know* purposely mirrored a strategy used by the National Institute of Education (NIE) in the mid-1970's for developing a research agenda.

Two groups of leading researchers in the fields of teacher education and reading were convened near Dulles Airport outside of Washington, DC, for an intensive period of time. The groups were to identify the state of knowledge in education at that time and then determine the most important questions research should address in order to advance the field. Over the next ten years, available funds at NIE supported research efforts guided by the visions resulting from the "Dulles" meetings. The productive results led to breakthroughs in the thinking, the theory, and the practice in each field.

Twenty years later, in 1994, two educational leaders, Sharon Robinson, Assistant Secretary of Education, Office of Educational Research and Improvement (OERI), and Jane Stallings, President of the American Association of Educational Research (AERA), mutually agreed to convene another research agenda-setting conference. Believing that schools alone cannot provide all the needed services to assist children in being ready to learn and achieve, Robinson and Stallings charged a planning committee to organize a meeting of researchers/evaluators, service providers, family members and representatives from other Federal agencies who would identify a research and practice agenda on school-linked, comprehensive services for children and families.

Conference Format

To spearhead this important initiative, a 42-member steering committee was formed. The membership reflected six federal departments and nine private sector organizations/associations. This group and the designated planners of the conference agreed that the two primary goals of the conference were:

- To determine what we know and what we need to know about school-linked comprehensive

services in order to improve outcomes for children and families; and

- To develop an agenda for using research-based knowledge to improve interprofessional development and practice.

The steering committee faced a hard decision: Who should be invited to attend the conference? This was not an easy decision to make, considering the wide array of organizations with deep commitments to school-linked, comprehensive services through funding, policymaking, and/or research and development efforts. The Committee agreed that the major participants should be those persons involved in collaborative programs currently operating.

Therefore, outstanding programs were selected, using the following criteria:

- Each program *must have an evaluation component* and be able to bring the evaluator to the conference as part of its team.
- The program must have the capacity and resources to serve the entire family, that is, there has to be a range of supports and services for family members, such as GED or citizenship classes, parenting education, or literacy programs.
- The program must have service providers with cultural competence.
- The program must serve a full range of needs, that is, if a child has a disability, the services will be provided so that the family does not have to go elsewhere for "specialized" services.
- Geographic equity must be considered in the selection.

When the directors of programs were invited to participate in the working conference, there were further criteria for the program team attending:

- There must be a mix of services/disciplines represented.
- Families must be considered eligible to be part of the team.
- The teams must reflect diversity in gender, culture, ethnicity, disability, and language.

Six Working Groups of approximately 20 persons each emerged as the organizing pattern for the conference. Four of these discussion-work groups were somewhat age-related: Early childhood school-linked programs, Elementary school-linked programs, Adolescent school-linked programs, and Youth- in-transition programs for youth who are displaced, homeless, school drop-outs, teen parents, migrants, immigrants, juvenile offenders, or youth having other non-traditional needs.

The Interprofessional Development and Evaluation groups consisted of people with extensive experience in

research, evaluation, and the preparation of educators and others who provide human services. Thus, the conference was a blend of people representing families, practitioners, and academicians.

The steering committee also assisted in the selection of people to write state-of-the-art papers for each Working Group to use as discussion springboards. The authors were asked to:

- Describe what we know about what worked in the specific area, illustrating exemplary programs, barriers, and solutions; and
- Present what we still need to know in terms of policy, program effectiveness, research designs, and financing.

Additionally, the authors were asked to be provocative and stimulate fresh thinking about the topic. They also were to use data-based information and include data that represent diverse populations, covering issues that affect disability, bilingual, and racial-ethnic groups.

Each Working Group was asked to answer two questions during the conference discussions and deliberations:

- Where should the field of school-linked services be in the next ten years?
- What do we need to accomplish in the next year?

In order for each group to learn about the other groups' discussions and recommendations, spokespersons were selected for each Working Group. The spokespersons reported to the full body each day. They also represented their groups at a post-conference forum, which was held the day after the conference for federal agency staff and representatives from foundations, professional organizations, and trade associations.

Conclusion

This conference was truly a labor of love, made possible by the dedication of many people and organizations. Hopefully, its results will make a difference for many children and families across the United States. ❑

Acknowledgments

The thing always happens that you really believe in; and the belief in a thing makes it happen.
Frank Lloyd Wright (1869–1959)

When President Clinton opened the celebration for the signing of Goals 2000, he said that there is not one problem that this nation faces that has not been solved somewhere, by someone, at the grassroots, community level. The overarching goal of the *Working Conference on School-Linked, Comprehensive Services for Children and Families*, was to bring together grassroots, community problem-solvers who are making it possible for vulnerable children and families to find success at school, at home, and in the community.

In order to bring together the research and practice communities, many people from both the public and private sectors contributed literally thousands of hours to planning and carrying out the conference and conducting the necessary follow-up activities to make this report possible. Some of these include:

- The American Educational Research Association, especially William Russell, Jane Stallings, Greta Morine-Dershimer, and Denise McKeon
- The Institute for Educational Leadership, especially Margaret Dunkle, Betty Hale, and the conference facilitators
- Temple University's National Center on Education in the Inner Cities, especially Margaret Wang and Aquiles Iglesias
- The Steering Committee members
- The conference spokespersons: Tom Schultz, Dolores Escobar, Margaret Wang, Ramona Edelin, Sidney Gardner and Jacqueline McCroskey, and Jane Stallings
- The OERI conference planners: Joyce Murphy, Carol Mitchell, and Naomi Karp, and
- The report authors and editors, including Anne Lewis, primary author; Becky Carr and Lee Ann South (Texas A&M University); and Tracey Reed (University of Virginia).

Assistant Secretary's Remarks

America's educators have long understood what the rest of the nation is slowly learning: The time has come to recapture the spirit of community, the spirit of kinship and neighborliness that is essential to our national well-being.

It is this understanding that gives urgency to the imperative for comprehensive, coordinated school-linked services. If we are to prepare our young people for the challenging changes of the 21st century, education reform initiatives must target a complex constellation of problems. We must act on our knowledge that the learning environment extends far beyond the four walls of the classroom. Indeed, the school is but one strand of the social tapestry that must be woven tightly together if we are to protect our children from forces that dim their hopes and diminish their potential.

The movement toward coordinated services remains in its nascent stages, a time when hypotheses are far more common than certainties. Answers are elusive, and our knowledge limited to identifying the issues that must move front and center if comprehensive school change is not to be stymied by a narrow vision of the prerequisites for academic success. But this much is certain: Time is short; the public is impatient. We must accelerate progression toward the day when reform is guided by the joint efforts of researchers, practitioners, parents, social workers, health professionals, law enforcement officials, members of the business community, and other civic-minded citizens.

The harsh lesson of recent years is that reform in the absence of a comprehensive, cohesive, and compassionate social agenda will once again become a patch-work quilt of fragmented and conflicting elements. The integrated approach to education renewal that we advocate has the clear potential to halt the stop-and-start, three-steps-forward/two-steps-back history of education reform. The time has come to reach across self-created divides and focus on the whole child and the whole family and the whole community. Tunnel vision must give way to panoramic vision.

If we make this adjustment in our analytical lenses, we can then see clearly that the programs serving

the needs of our young people cannot exist in splendid isolation from one another. To illustrate this thesis in dramatic fashion, I would contend that quality education begins with quality prenatal care, is enhanced by innovative recreational services for all children, and fortified by policies rooted in a realistic assessment of the profound challenges today confronting America's families. There is no hyperbole in this assertion.

We need, now more than ever, to be bolder, more imaginative, and above all more holistic in our thinking. We must give new meaning to the phrase "service to the common good." We must establish a knowledge base that defines the best approaches to integrated, coordinated services. Our goal is nothing less than to lay the groundwork for *a citizens' alliance for education progress*. Our foremost commitment is to the creation of a society that understands—and acts on that understanding—that "we do not inherit the world from our ancestors; we borrow the world from our children."

—Sharon P. Robinson

AERA President's Remarks

Our first goal—that all children in America will start school ready to learn—goes to the heart of the national Goals 2000 initiative. It establishes the requisite conditions for achieving all of the other seven goals. Unless children come to school ready to learn, the second goal of increasing the high school graduation rate to 90 percent will not be achieved. Nor will the third goal for American students to demonstrate competence in challenging subject matter. Certainly, we will not find that all students have learned to use their minds well and will be prepared for responsible citizenship, further learning, and productive employment in our modern economy by 2000 if they do not come to school ready to learn. Another goal, to find U.S. students first in the world in science and mathematics achievement by 2000, will be impossible unless we use only the scores of our top ten percent. Having every adult American literate and possessing the knowledge and skills necessary to compete in a global economy and to exercise the rights and responsibilities of citizenship will not be possible unless those adults are healthy emotionally and physically. We must have healthy parents for them to be involved and to promote the social, emotional, and academic goals of their children. The elimination of drugs and violence from schools is a necessary condition for achieving all of the goals.

There can be little wonder why educational interventions, based upon the body of research on teaching and learning from the 1970s and 1980s, have had so little lasting effect. We have not been playing with all the pieces of the puzzle. We have not asked in a systematic way, "What is required for a child to come to school ready to learn?" so that the chances of success from the interventions can be optimized. There are intervening factors that prevent even the best teachers from effectively teaching many of our children. At present:

- Nearly 13 million children live in poverty, more than 2 million more than a decade ago.
- At least one of six children has no health care at all.

- At least 100,000 children are homeless in America on any given night.
- Every year there are more than a million runaway and homeless young people.
- Each year, 500,000 young people drop out of school.
- Overall, the percent of students graduating from high school from 1985 to 1990 decreased for whites, African Americans and Hispanics.
- Dropouts are 3.5 times more likely than high school graduates to be arrested; 6 times more likely to become unmarried parents.
- Every year, approximately 1 million teenage girls become pregnant. The percent of all births to single teens increased 16 percent from 1986 to 1991.
- The juvenile violent crime arrest rate increased three times from 1960 to 1988.
- Every day 135,000 American students bring guns to school.
- Drinking and driving remains the number one killer of adolescents.
- Suicide is the second leading cause of death among adolescents, almost triple the 1960s.
- Homicide is the leading cause of death among 15- to 19-year-old minority youth.
- The number of reported child abuse cases increased 48 percent form 1986 to 1991.

Multiple perspectives are needed to solve these problems. In many parts of the country, anxious but enlightened communities are forming partnerships among health, welfare, juvenile justice, and education systems to pool insights and resources. To assist in meeting these needs, leadership and funding are coming from several foundations.

Several pilot projects, as shared in the fall of 1994 conference entitled "School-Linked Comprehensive Services for Children and Families," are included as appendices in this publication, which shares its title with that of the conference.

Many partnerships among colleges of education, school districts, and the business community have been forming, and plans are being implemented to achieve the objectives of Goals 2000. Unfortunately little systematic basic or applied research has accompanied these innovations. We need to know what elements of partnerships work in different contexts and what elements positively impact the lives of families and children. Further, we must know what research is needed to improve interprofessional programs and improve delivery systems.

—Jane A. Stallings

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Introduction

One of the most significant developments for the well-being of children and families in this country is the effort—occurring at all levels of governance—to link education, health, social services, and other supports that children need. Most often the school is the hub or, at least, one necessary component. Not only is this a more efficient way of delivering services, but it also affirms that children are a part of families and families are a part of communities.

Recent federal legislation places a priority on such collaboration. Both Goals 2000 and the reauthorization of Title I, the Elementary and Secondary Education Act, underscore the importance of linking groups and services. The omnibus crime and empowerment zone legislation efforts call for comprehensive efforts to help vulnerable children and families.

The empowerment zone and enterprise community initiative calls upon communities to develop comprehensive, locally determined strategies for creating economically healthy communities in which families can flourish.

These offer unprecedented opportunities and challenges to educators at all levels. However, the consensus on the need for such policymaking is moving ahead without adequate knowledge about the effects of collaborative services on children and families, the "best practices" in this area, or the impact upon the professional lives of people across different disciplines.

Thus, it is imperative for the Office of Educational Research and Improvement (OERI) to lead the way in developing a research agenda that complements this increasingly important emphasis in policymaking. Indeed, as part of the reorganization of OERI in 1994, Congress required an interagency focus in each of the five new overarching institutes established by the legislation.

Moreover, discussions that are taking place across Cabinet-level agencies on policies needed to support collaboration among services have produced some basic principles. These include:

- an understanding that student learning depends upon

partnerships that involve all relevant community institutions,

- the importance of focusing comprehensive and coordinated services on results,
- the imperative of allowing local needs and commitment to determine the shape of collaborative systems, and
- the need to use research data to affect assessment and accountability. For each of these components, OERI, other federal agencies, private foundations and the research community could provide important knowledge.

More than 100 researchers, educators, family members, program leaders, and federal officials gathered together in the fall of 1994 to set an agenda for such research on school-linked services. Cosponsors with OERI were the American Educational Research Association and the National Center on Education in the Inner Cities at Temple University.

Assistant Secretary for Educational Research and Improvement Sharon Robinson charged those at the working conference to "provide us with your best thinking as to how new methodologies and new research paradigms can best identify 'what works, why it works, and how it might work even better.'" Robinson said, a special need was guidance on how to redesign professional development across disciplines to help people learn to work together.

Focusing on these twin themes—what is known/needs to be known about school-linked services and the improvement of interprofessional development—the Working Conference participants spent most of the four-day meeting in separate Working Group discussions organized around issues in:

- Early childhood
- Elementary
- Adolescents
- Youth in transition (Students who are homeless, dropouts, juvenile offenders, and/or those individuals who need special services)
- Interprofessional development
- Evaluation

Each group drew from rich resources. Not only did the participants include directors of successful programs and family members served by their programs, but the participants started with comprehensive reviews of relevant research findings and policy implications prepared by researchers familiar with the issues before each group.

While it is impossible to do justice in any summary to the wealth of ideas contained in the papers, several themes emerged, including:

- Research on school-linked services, likewise, must apply more non-traditional methods in order to capture the complexity of trying to understand the nature of and the results from comprehensive, collaborative services.
- A redesign of research in this area needs to consider two priorities—a focus on outcomes for children and families, and the inclusion of "clients" of programs as contributors to both constructing research agendas and evaluating outcomes.
- The development of leadership for school-linked comprehensive services and of collaborative skills among all of the disciplines involved is an urgent priority.

The conference on a research agenda for school-linked comprehensive services began, obviously, with more questions than answers. As in any meeting of those whose lives are devoted to the well-being of children and families, the scope of what needs to be done often seemed overwhelming.

However, four days of intensive discussion produced moments of inspired metaphors, the candid sharing of ideas and experience, and finally a consensus on a workable plan for the research community. In the past, said one participant, "research has been a way to make or break a project." In the new context that uses outcome measures, "research can now help make projects more effective, collect helpful information, and show how to improve programs through process evaluation."

Roles are changing for researchers and for OERI in this important effort at collaboration across services and disciplines. The Working Conference, Assistant Secretary Robinson emphasized, was the first step in "rigorously documenting the changes that school-linked services can make on children, their families, and practitioners."

As one of the metaphors produced by the Working Conference described the future: "It should be like geese flying in formation, with shared leadership and everyone headed in the same direction." ❑

Conference Strands

The participants in the *Working Conference on School-Linked Comprehensive Services for Children and Families* worked together intensively in small groups structured around their special interests.

Four of the six groups, or strands, focused on specific age groups. The remaining two groups dealt with cross-cutting issues of interprofessional development and evaluation. ❑

Early Childhood

Early childhood programs have a strong commitment and heritage in involvement, support, and inclusion of parents as essential partners in services and decisionmaking. They welcome research on more effective strategies for parent involvement, and they would like the principle of client responsiveness to be observed in research and evaluation.

Collaboration in early childhood services presents researchers with a complex landscape where legal, fiscal, and organizational characteristics tend to make each situation unique. Reflective of this complexity, the Working Group on Early Childhood included representatives from local collaborative efforts—families as well as practitioners—with distinctive experiences.

Although school-linked services involve multiple systems (e.g. mental health, child welfare, health, family support, and education), the diversity of programs represented at the conference illustrates what some researchers have termed a "patchwork" of services for young children. Moreover, there is a dynamism to services for young children; families, programs, and

issues are changing constantly. Thus, evaluation "snapshots," the participants pointed out, cannot truly capture the concerns and progress made in collaborative services for this age group. The challenge, they said, is to make research relevant to their diverse needs and contexts.

The demands for collaborative early childhood services and the many areas where practitioners need more and better knowledge led the Working Group to conclude that the field is "likely to be highly impatient with evaluation and scholarship" that are not timely, relevant, clear, and of high quality. ❑

Elementary

We have to learn how to count what counts.
We need to learn what counts.

The Elementary Working Group, representing elementary school programs, researchers, and policy groups, worked from a vision of "what should be" as well as from their own experience as to what now exists in school-linked services. Its credo was: "This is my family, and this is how I have a right to be treated." School-linked services, the Working Group said, should be designed as "the value-based, family-driven, action-oriented outcomes of the efforts of all individuals involved in the process of providing needed services." To achieve this vision, all helping systems and disciplines need to become less bureaucratic, more democratic in their relationships with children and families.

The Working Group discussion underscored the major themes common throughout all of the groups, but it singled out a significant area for expanding research on school-linked services. This is the growing recognition that research in general and in special education can no longer be conducted on parallel tracks. Progress in one field depends upon progress in the other; therefore, research and dissemination of research findings in both areas need to be integrated. ❑

Adolescents

All school-linked services from this day forward must be youth focused, family centered, and culturally sensitive.

Issues related to school-linked services change subtly, but in important ways, when the focus is on adolescents and their families rather than on young children. For example, the strong emphasis upon providing services through health clinics means that the issue of confidentiality becomes a a source of conflict in services for adolescents. This also is the age when the lack of services and supports often results in alienation of young people from school, even to the degree that they drop out.

The composition of the Adolescent Working Group, representing rural and urban and advantaged families as well as those in poverty, illustrates that the concerns about adolescents are commonly shared. Most social problems ultimately arrive at the schoolhouse door.

The Working Group affirmed that a knowledge base about school-linked comprehensive programs for adolescents provides a foundation for bringing such services "to scale." But much needs to be learned. Some of the most significant—though still inadequate—research concerns school-based clinics. The research shows positive results from such services, including the provision of preventive care, a decrease in unwise health choices by adolescents, and good rates of return for dollars spent.

A background paper for the Adolescent Working Group notes that federal policies in a number of agencies now support the initial efforts of states and foundations to build coordinated services. The paper also found, however, that although agencies and programs are ready, they are stymied by lack of funding, training, and technical assistance.

Research, the Working Group concluded, can help these efforts make a transition from a "relocation of services" to a true systems change, in which schools/institutions are comfortable in sharing missions. ❑

Youth In Transition

We have a complex new matrix which requires not simply new vigor in applying old methods, but, in fact, an authentic paradigm shift to comprehensive school-linked service delivery and education that are multicultural, multilingual and inclusive in the context of power sharing, policymaking, and the political allocation of resources.

"Displaced children" is a fairly new phrase in the youth development field, but so is the phenomenon of considerable numbers of children and young people who have been uprooted from their homes, families, and communities. Immigration, migration, and homelessness are the major causes of displacement. Yet, the Youth in Transition Working Group drew a picture of an even larger problem, focusing its discussions on what it considered "disconnected" youth who do not always fit into the categories for displacement. This would include pregnant teenagers, latchkey children, troubled gay and lesbian teens, gang members, youth with physical and mental challenges, dropouts, and those on probation.

In fact, said the Working Group, "America today does not know how many desperate, *uncategorized* young people need services, but we know that services should be available to all of these children when they need them." For the youth served by the programs represented in the Working Group, "culturally affirmative education and services are, too often, matters of life and death."

The researchers who surveyed data and studies about displaced youth found that both policies and programs are at a rudimentary level; they mostly are grassroots in origin and remain isolated initiatives (migrant programs, on the national agenda since the 1960s, are an exception). Consequently, evaluations

are limited. Being a "new" problem is only one of the factors related to the dearth of research data. Because serving the needs of displaced youth is so urgent, evaluations become a secondary concern. Also, it is difficult to conduct traditional research, such as comparison groups or large samples.

The discussions by the Youth in Transition Working Group confirmed findings that not much research exists about programs that serve these troubled youth. However, the group's knowledge of programs that are working led it to the conclusion that it is possible "to break the vicious cycle of. . . poor situations reproducing more poor and desperate situations." ❑

Interprofessional Development

University faculty must confront a most vivid truth—if they do not model collaborative behavior in the training and research arm of the education, health, and human services professions, it is unlikely that future providers will understand the importance of such coordination or be prepared to function in the new unified system that is emerging.

Most partnerships between universities and schools and other community agencies to prepare professionals for a changing field of service are in the early stages of development. Almost all of the representatives in the Interprofessional Development Working Group considered themselves entrepreneurs or pioneers on university campuses, often more closely linked to their community partners than to the traditionalist decisionmakers within the university. Dependent largely on foundation or other sources of seed money, they were extremely concerned about the assurance of support over the long term for the complicated and difficult task of revising professional education.

Despite the newness of the programs and different approaches among the participants, the Working Group found that they shared the same vision and values and the same commitment to a new paradigm of practice—one that is family-centered, community-based, empowerment-oriented, and outcomes-driven. The awesome task is to renew professional education to fit this paradigm at the same time that services and supports for families are also undergoing dramatic reform. ❑

Evaluation

Evaluation is both art and science. The 'art' involves conceptualization of the dimensions to be studied; then there is a 'science' that can be used to help you evaluate the concepts.

The Evaluation Working Group participants included evaluators from school-linked comprehensive services programs and experts in research and evaluation from several universities. They described the evaluation of comprehensive and collaborative services for children and families as complex, unprecedented, and needing careful attention to context. Drawing on the background paper prepared for the Working Group, the group focused on several evaluation issues related to the complexity of school-linked services models. Evaluators in this area first dealt with the issue of divergent perspectives, including those of professionals from many disciplines as well as the perspectives of communities, schools, and students. Moreover, research results must be useful to multiple audiences who comprise the "consumers" of services—policymakers, practitioners, and other researchers. Therefore, evaluation must be "user friendly" as well as timely.

One of the dilemmas immediately apparent to the Working Group was the necessity to view comprehensive services as a synergistic system rather than distinct, isolated programs. Another concern involved political contexts of evaluations, requiring evaluators to balance practitioners' needs for useful, timely information to improve programs without sacrificing research quality with policymakers' needs to know what works. Several characteristics of school-linked comprehensive

service programs make them very difficult to evaluate. In particular, the difficulty is intensified by:

- the complexity and flexibility of the programs which make it difficult to adequately identify and characterize the independent variables of interest,
- the difficulty in assessing quality and degree of collaboration, and
- the interdisciplinary nature of the endeavor involving researchers from different fields who rarely communicate with each other (Kagan, 1991; Knapp, 1994). In order to address these challenges, alternative approaches to traditional evaluation have been suggested, including participatory evaluation involving stakeholders and clients (Weiss & Greene, 1992), longitudinal studies, and a developmental approach to evaluation which provides more formative feedback (Gray, 1993).

Participants discussed the need to address cultural sensitivity and congruence primarily from three different approaches:

- study of the impact of contextual factors, particularly cultural factors, on the processess and outcomes of the intervention,
- ways to conduct evaluations that are appropriate and congruent with the culture of the community in which the services are located, and
- the importance of developing evaluators who understand and operate sensitively in different cultural settings.

Rather than depend upon traditional research designs such as group comparisons or meta-analyses, the Working Group decided that more productive approaches to evaluation would include profiles of participants, multiple case descriptions, study of costs, single-subject and single-system time series studies, and exemplary practice studies. Both quantitative and qualitative methodologies should be employed in these designs. ❑

Compelling Conference Themes

The six Working Groups at the Conference produced separate agendas specific to their areas. However, as they reported their findings, it became obvious that the conference participants considered some principles and priorities for research on school-linked comprehensive services more important than others. A consensus emerged around certain themes. In the final reports from the groups, the recommendations were largely organized around the themes that cut across the groups. The summary that follows likewise uses the themes to express the dominant concerns of the various Working Groups in order to present a cohesive, to-the-point statement on an agenda for the research community.

The major themes were:

- **Committed Leadership.** No matter the program or the overall system, the success of school-linked comprehensive services depends upon committed leadership. Research programs need to determine the qualities of such leadership, how to develop them, and how to sustain them in the pressure-cooker circumstances of implementing and expanding comprehensive services.
- **Cultural Sensitivity and Congruence**. As one group expressed the problem: "The complex matrix of discrimination based upon language, race and ethnicity, class, gender, and sexual orientation is devastating." The challenge is not only to be totally open and to invite diversity in programs and in carrying out research/evaluation, but also to go beyond superficial "sensitivity training" and attain true changes in people's attitudes and behaviors about cultural differences.
- **Participant Driven: Involving Families and Students in the Design, Implementation, and Evaluation of Supports and Services.** "Some families have never had a chance to make a decision," noted one participant, adding, "there is a big difference between offering someone an opportunity to participate and telling them they *have* to participate." Research, the Working Conference

concluded, must be directed at, and understood by, the "consumers" of programs as much as it is used by the research/policymaking communities.

- **Interprofessional Development.** Rather than develop a new profession to direct collaborative approaches, a new way of preparing all professionals needs to be built. This will require changes throughout the campus culture and new relationships between professional preparation programs and communities/clients. The few existing interdisciplinary program directors are pioneers who often feel like "guerrillas," but interprofessional development, the Working Conference said, is as inevitable as collaborative services.

- **New Research Approaches.** The complexity of evaluating collaborative efforts—when they consist of multiple programs, policies, clients, and outcomes—is staggering. Moreover, the inclusion of clients as a principle for future research requires changing attitudes and outlooks. But first, research on school-linked comprehensive services must have a conceptual framework to decide what dimensions need special attention.

- **Flexibility in Policies.** Trusting local decisionmaking on practices and evaluation of school-linked comprehensive services requires complementary flexibility in policies. Localities need to be allowed to do what they believe best. Most often, flexibility issues concern funding streams, but for program managers the issues of confidentiality and eligibility also need to be informed by appropriate research. ❑

What We Know From Research and Practice

Each of the six Working Groups began by considering what they know about successes of, and barriers to, school-linked comprehensive services. Background papers commissioned for the Working Groups (see Commissioned Papers) provided a starting point. These were enhanced by the personal experiences of the program participants, directors, and evaluators represented in every group.

While each group described what is known from its own perspective, a consensus from the Working Groups included these points:

- **School-linked comprehensive services are not new. Their diversity and rapid growth are, however.** While there is cumulative experience with such services, these services vary somewhat by age group. For example, comprehensive services for very young children have a long history of working with families and being mindful of the multiple developmental needs of young children. Including the family in decisionmaking is a precept from the early years through youth in transition, but often there is less experience and/or commitment to the family-centered approach the older children become. Also, priorities change as children age. While the personalization of services is most important in the elementary years, by adolescence confidentiality becomes an overriding concern.

- **Reliable, validated information about school-linked comprehensive services is scanty, at best.** The information we do have tends to be fragmented and incomplete, frequently because *collaborative services require new approaches to evaluation.* The target groups for evaluation are elusive, the components diverse. Research must be useful to a much broader audience than ever before, ranging from families to policymakers and the research community. Also, research has tended to focus on individual programs rather than the results of collaborative efforts extending over time. Those involved with programs want

access to relevant research, but they also want *assurance that the research is culturally sensitive, family centered, and conducted over sufficient time* to measure results.

- **What is known about school-linked collaborative services tends to be positive.** The most successful collaborative services are cost effective over the long run; they bring children and families into systems where they can become empowered; they are culturally competent and committed to responding to the diverse contexts of children and families; and they communicate/connect well with communities.

- **The school-linked collaborative services movement is about making existing services more flexible in their work together under a mutual vision about the well-being of children, youth, and families.** Currently, services are fragmented and often divided over philosophy and strategies. The relationships between early childhood and school arenas, for example, sometimes are contentious because of differing philosophies and contexts. Similarly, interprofessional development must support enhanced expertise in separate professional disciplines and, at the same time, develop skills at collaboration across disciplines.

- **Leadership for school-linked collaborative services is essential.** Managing the diversity inherent in school-linked services requires leaders who are committed to collaborative leadership. However, few who are involved with such programs have the skills to carry out sound collaborative efforts, or the time, and access to professional development in order to acquire needed skills.

- **School-linked collaborative services are built on fragile financial foundations that are both insufficient and inconsistent.** Current funding patterns often do not allow for collaboration and sometimes inhibit it, frequently because there are multiple funding sources. However, they do frequently encourage "turf" problems. This dilemma affects the evaluation of efforts as well as attempts to provide interprofessional development. In the case of the latter area, pioneering initiatives must depend more on outside—and temporary funding—than on institutional commitments. ❑

What We Need To Know From Research

Those who receive services and those who provide them sincerely want to use research knowledge, information about exemplary practices, and networking to create strong school-linked collaborative programs. Those who prepare personnel see collaborative efforts as helping to create an emerging definition of what professional practice should be for all service systems. Evaluators recognize that their traditional methods are insufficient to measure the effects of collaboration.

All of these interests recognize they are at the edge of dramatic changes in services for children and families. Their opinions, speculations, and recommendations are couched in the needs of the groups whom they represent, be they families or policymakers. However, the Working Groups not only expressed common themes for a research agenda but also common concerns under each of the themes. The following questions represent the major research knowledge needs identified by all of the groups.

Committed Leadership

During Working Group discussions, the need to study the form and functions of leadership as well as the level of commitment of leaders to different aspects of the program surfaced again and again. The necessity of having strong leaders to guide program activities has been identified in the literature on school-linked comprehensive services as a critical characteristic of promising school-linked programs, but few have examined the impact of strong leadership, or the absence of strong leadership, on program courses. The following questions address this need.

- What are the *skills, abilities, beliefs, and knowledge* needed to provide effective leadership in comprehensive, collaborative initiatives? What makes some leaders more effective than others? How do leadership and interpersonal skills affect the outcomes of school-linked comprehensive services?

- What are the *career development pathways* of effective leaders of collaboration?
- What *support* is needed to help leaders of collaborative services remain flexible, forward-looking, and resilient?
- What are the *characteristics of networks* that are effective in helping leaders from different sectors/agencies work together?

Cultural Sensitivity and Congruence

One of the strongest themes that emerged during the discussions of research and evaluation of school-linked comprehensive programs was related to cultural sensitivity. It is critically important that the term cultural sensitivity be given the most all-encompassing definition possible, including youth with disabilities and special needs and their families as recipients of services. Participants discussed the need to address cultural sensitivity and congruence primarily from three different approaches emphasized in the specific questions which follow. First, study the impact of contextual factors, particularly cultural factors, on the processes and outcomes of the intervention. Second, find ways to conduct evaluations that are appropriate and congruent with the culture of the community in which the services are located. And third, stress the importance of developing evaluators who understand and operate with sensitivity in different cultural settings.

- How does *cultural competence* of staff affect services and the development of collaboration?
- What are successful *strategies for recruiting* a staff that match the diversity of children and families served by a program?
- What strategies work best in transforming the attitudes of current staff toward greater *acceptance and response to cultural diversity* of clients? How far can *staff development* be expected to move individual staff members from cultural insensitivity to cultural congruence?
- What strategies work best for the active *inclusion of children and families* from different cultures in the designing of agendas, setting of priorities, and evaluation of services?
- How can the different *value systems and codes of ethics* represented by people/agencies participating in collaborative initiatives best be negotiated?

Participant-Driven Approach

One of the relatively new approaches suggested by the Working Group involves participatory, client-driven studies which include program participants and service

clients in the design, implementation, and interpretation of the evaluation plan. The questions below suggest topics of study related to benefits, barriers, and strategies for involvement related to collaborative, client-driven research.

- From a *family* perspective, what is it that draws parents to participate in program services and involves them meaningfully in governance and decisionmaking? What are the barriers that discourage them? *How can the barriers be overcome?*
- What *strategies* work best in assuring that students/families are integrally involved in the design and implementation of services?
- What are the different *perceptions* broadly representative of professionals and families toward services provided?
- How do different users of *knowledge* about service delivery—parents, staff, university personnel, and community members—perceive and apply the knowledge?
- What are the best ways *to involve recipients* of coordinated services in the research while maintaining viable research methods?

Interprofessional Development

Interprofessional collaboration suggests that new skills and understandings must be developed in professional preparation programs. That is, the ability of professionals to integrate and connect services for children and youth with their potential problems will depend on the quality of the training and research programs that are developed to support them. The following questions suggest a research agenda to investigate the needs, processes, and outcomes of these programs.

- What *skills and abilities* do staff members need in order to collaborate successfully with practitioners from other disciplines and from other types of community agencies? Which ones are generic, which ones relate to a particular profession?
- How do *personnel policies* differ across professions involved in collaboration (e.g. independence, responsibility, pay, job security)? What impact do these differences have upon collaboration?
- What are current and projected *personnel needs* for comprehensive services programs both in settings and in professions?
- What is the status of *university-based preparation programs?* What already exists in the curricula, what is needed, how must the curricula be adjusted to different contexts, and how can interprofessional programs best be institutionalized in university communities? What

is the progression of core competencies from undergraduate through graduate and development programs?

- How can communities, universities, and collaborative sites *learn from each other and contribute to changes* in the rewards for personnel within each context?
- How will an *interdisciplinary code of ethics* be developed and by whom?

New Research Approaches

The development of new research approaches that take into consideration the complexity of the models for school-linked, comprehensive services was a primary focus of discussion by the Working Groups. The questions which follow emphasize capturing the complexity, rather than attempting to simplify and isolate elements; considering context rather than trying to factor it out of research and evaluation; recognizing that longitudinal studies will be necessary to describe and assess the evolution of processes and outcomes over time; and involving service providers and consumers in design, implementation, and interpretation of research and evaluation.

- How can research address the *measurement of outcomes* that reflect not only the goals of the schools, but also of multiple agencies? What new research strategies or ones not traditionally used are needed to consider the *multiple variables* associated with school-linked comprehensive services?
- What has been the impact of previous research about school-linked comprehensive services on practice?
- How do we describe *relational qualities such as mentoring, respect, and caring* and make them count in evaluation? What research measures are needed to evaluate program-specific goals of school-linked services such as collaboration, family-based outcomes, or client satisfaction?
- How can the need for *longitudinal research* on collaborative practices be recognized and assured in policymaking?
- What steps need to be taken to assure that both *culturally sensitive research and client-driven research* are part of the agenda?
- What new strategies are needed *to communicate research findings* to broad, non-professional audiences?

Flexibility in Policies

The final theme involves the necessity for flexibility in politics associated with school-linked comprehensive services. In particular, the following questions for study include financial and funding

questions, such as the effects of different funding mechanisms, the relationship between funding and effectiveness, cost effectiveness of various service integration configurations, and the measurement of equity within the framework of the cost relative to desirable outcomes as well as issues related to *scaling up* and sustainability of efforts.

- How do categorical funding streams create *unnecessary barriers* to the effective implementation of school-linked services for adolescents and families?
- What policies are needed to *allow flexible access to monies* set aside for children's services, yet still maintain accountability standards?
- What current *policies in state legislation* are examples of supportive approaches to school-linked comprehensive services?
- What policies are needed to move from program-specific collaborations on sites to *overall reforms* involving schools and communities?
- How can the differing policies among service deliverers regarding *confidentiality* become cohesive and collaborative in ways that both *protect the privacy of children, youth, and families* but, at the same time, allow for flexibility? ❑

Summary

In every state of this nation, and in thousands of communities both large and small, individuals are gathering together to help each other, sharing the knowledge that they have gathered during lifetimes of experience and reaching out to members of their communities with special needs.

The basic human ability to learn from experience is, perhaps, our greatest asset. Our challenges for the 1990s and beyond is to share those experiences with the largest possible audience. In so doing, we must constantly remind ourselves that the ultimate goal of this information gathering and distribution process is *to improve the quality of life—the outcomes—for our children and our families.*

In addition to what we learn from experience, we also can learn from gathering data and measuring broader trends that go beyond our experience. The role played by researchers in a free society is to provide context and content to what would otherwise be mere anecdotal evidence. An event—or a trend—often has greater significance when it has been examined in an organized fashion.

This report's findings present twin challenges to the research community. The first challenge is to produce final products that encourage each of us to use our collective knowledge in ways that help real people in real-life situations. And the second challenge is to disseminate these findings to the widest possible audience. Good research—like experience—provides a road map between where we are and where we hope to go in the future, by helping us better understand where we have been in the recent past.

The observations gathered in this conference report and presented to the research community for its consideration have been offered in the spirit of honesty, of common sense and of constructive criticism. As with any productive enterprise, the conference—and the conference report—has raised more questions than it has answered.

If there is one universal message from the six Working Groups that contributed to this report, it is that

practitioners and researchers alike want access to the knowledge base, they want to learn from each other through networking, and they want to be able to draw from an accessible pool of knowledge that is useful and timely. In order to be truly useful, this pool must be expanded, because it lacks essential ingredients, including outcomes and cost effectiveness, which currently limit its usefulness to the general public, as well as to members of the research community.

But beyond our immediate goal of improving the quality and usefulness of research, we must keep our focus squarely on our primary goal as educators, policymakers, and service providers—to improve the outcomes for children and families who seek our help in the life-long goal of self-improvement through understanding. Our pool of knowledge often goes beyond pure research and into the realm of experience.

This report, and its attached lists of resources, also provides valuable information needed to take the next step beyond self-examination and toward the building of a strong network of resources for future improvement of our life-long search for knowledge through formal—and informal—education.

Our children and our families must be at the heart of our reform efforts, and they must be involved in deciding what services are needed and how they are provided. As educators, we must be committed to flexibility, to teamwork, and to making our families welcome inside our schools. As service providers, we must make the family the center of our efforts, with new hours, new attitudes, and new models that are family-centered and stress the needs of the customer. As policymakers, we must place the family at the center of our efforts and make the programs revolve around that center, rather than following old models that have forced the family into the services available, instead of designing the services around the needs of our families and our children.

The true value of this report is that it gives educators, service providers, policymakers, and researchers alike a great deal to ponder by providing the observations that are the seeds for future research and development. With families and children at the center of our efforts, our challenge is clear—to build a better future for our children by putting to good use what we have learned from our collective experiences. ❑

Commissioned Papers

Background papers prepared for the Invitational Conference on School-Linked Comprehensive Services for Children and Families included:

Buckner, J. Bassuk E., and Brooks, M. (1994). *Displaced Children: Meeting the Educational and Service Needs of Immigrant, Migrant, and Homeless Youth.* Leesburg, Va.

Corrigan, D. and Udas, K. (1994). *Interprofessional Development and Integrated Services Programs.* Leesburg, Va.

Dryfoos, J. (1994). *School-Linked Comprehensive Services for Adolescents.* Leesburg, Va.

King, A. (1994). *Challenges Facing the Successful Implementation of a Full Service Elementary School.* Leesburg, Va.

Kirst, M. (1994). *School-Linked Services: Appraisal, Financing, and Future Directions.* Leesburg, Va.

Knapp, M. (1994). *How Shall We Study Comprehensive, Collaborative Services for Children and Families?* Leesburg, Va.

Lopez, M. and Weiss, H. (1994). *Can We Get Here From There? Examining and Expanding the Research Base for Comprehensive, School-linked Early Childhood Services.* Leesburg, Va.

Tyack, D. (1992). Health and Social Services in Public Schools: Historical Perspectives. *The Future of Children [School-Linked Services]* (Spring): 19–31. Los Altos, CA.

Wang, M., Haertel, G., and Walberg, H. (1994). *Effective Features of Collaborative School-Linked Services for Children in Elementary Schools: What Do We Know From Research and Practice?* Leesburg, Va.

Appendix A

Exemplary Programs Represented at the Conference

Part 1: School-Linked Comprehensive Programs

Santa Clara County Head Start Transition Project
San Jose, California

Who are the collaborators?

Santa Clara County Office of Education
Head Start Program
Franklin-McKinley School District
Center for Educational Planning

What is the goal of the project?

To sustain the gains of Head Start participation and help children and families make a successful transition to elementary school by extending the Head Start model of developmentally appropriate education, health, social services, and parent involvement into the early elementary grades of public school.

Who participates in the project?

Children and their families from kindergarten through second grade in 12 classes in two schools. The vast majority of the children come from low-income families; a large portion of the families are immigrants. Approximately 360 children are served at any given time. The ethnic breakdown is 72 percent Hispanic, 5 percent Cambodian, 10 percent Vietnamese, 1 percent African American, and 2 percent other.

What services are provided?

- Education
- Health care
- Dental care
- Mental health care
- Social services and case management
- Parent involvement
- English as a Second Language (ESL) program

How are collaborators evaluating their success?

- Classroom observations
- Interviews
- Case studies

What are the collaborators learning?

- Parents want to be involved in their children's education and are much more likely to be when the school can respond to their linguistic and cultural needs.
- Teachers want to provide developmentally and culturally appropriate education for their children and are more likely to when they have appropriate training, materials, and support.
- The development of an ongoing, sustainable collaboration takes commitment, communication, and years.

Contact person

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Early Education Services
Brattleboro, Vermont

Who are the collaborators?

Department of Social Welfare
Social and Rehabilitative Services
Department of Employment and Training
Mental Health Services
Health Department
Family and District Courts
Visiting Nurse Association
Local psychiatric hospital
Schools
Center-based and home day care providers

What is the goal of the project?

- To promote healthy development of young children by preparing them to succeed in school and by enhancing the social, economic, and personal well-being of the whole family.
- To empower the family to use existing community services more effectively and to work collaboratively with families and the community to expand, improve, and link those services.

Who participates in the project?

Families with at least one child under five, predominantly white and English speaking. Services provided to approximately 1500 participants.

What services are provided?

- Home visits
- Parent support and interest groups
- Early childhood education
- Parenting education
- Health services
- Counseling services
- Crisis intervention
- Advocacy

- Resource and referral
- Men's programs
- Recreational activities
- Transportation
- Adult services
- Literacy training
- Employment and training
- Home management
- Pre-school programs
- Play groups
- Home-school transition activities
- Home daycare training
- Community workshops and training
- Legislative advocacy
- Community development

How did collaborators evaluate their success?

- Interviews
- Observation
- Ethnography
- Standardized assessments
- On-going quantitative data collection

What did the collaborators learn?

Evaluation is ongoing. A final report of the Comprehensive Child Development Program is forthcoming from the Department of Health and Human Services. Local outcomes include significant increases in earned income, a reduction in welfare, increase in adult education, decrease in number of pregnancies, and an increase in birth weights.

Contact person

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The Center for Successful Child Development
The "Beethoven Project"
Chicago, Illinois

Who are the collaborators/primary funders?

Beethoven Elementary school
Harris Foundation
U.S. Department of Health and Human Services
Chicago Urban League
State of Illinois (several agencies)
Robert Wood Johnson Foundation
Chicago Housing Authority

What is the goal of the project?

- To promote the healthy growth and development of children from before birth through age five so that they are prepared to achieve when they enter school.
- To help parents build on their strengths as individuals and as parents so they will be better able to foster the development of their children.

Who participates in the project?

Families in the Beethoven Elementary school area—approximately 150 African-American families annually.

What services are provided?

- Home visiting
- Social services for children, parents, and families
- Primary care health center
- Developmental childcare and Head Start

How are collaborators evaluating their success?

In 1993, CSCD was selected by the Annie E. Casey Foundation to receive funding for a Foundation-sponsored initiative to evaluate four comprehensive family support programs. In 1994, CSCD entered the first year of that three-year evaluation. The evaluation is being conducted by researchers at the National Committee to Prevent Child Abuse.

What are the collaborators learning?

Results are not available yet.

Contact person

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(312) 853–3337 (Fax)

James E. Biggs Early Childhood Education Center
Covington, Kentucky

Who are the collaborators?

Covington Board of Education
Children, Inc.

What is the goal of the project?

To offer comprehensive, community-based services to eligible "at-risk" and handicapped three- and four-year-old children and their families.

Who participates in the project?

177 four-year-olds who qualified as "at-risk" based on the free lunch guidelines; 88 three-and four-year-old handicapped children regardless of family income; 42 children from a Chapter I class; and 64 children who were in a home-based program.

What services are provided?

- School classes from Monday through Thursday with teacher home visits on Friday
- Medical and dental services
- Vision, hearing, physical, and lead screening
- Hygiene, safety, anti-drug education
- Family advocates
- Adult literacy
- GED classes
- Speech and language therapy
- Occupational and physical therapy

How are collaborators evaluating their success?

- Pre-and post-videotaped interaction of parents playing with children
- Parent interviews
- Parent and teacher checklists of child development
- Comparison of skills and competencies of children who participated in the program with those who did not

What are the collaborators learning?

Analysis of the videotaped interaction indicates there was a statistically significant positive change in the parent-child interaction from pre-to post-taping.

Contact person

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School Board of Alachua County Family Services Center
Gainesville, Florida

Who are the collaborators?

School Board of Alachua County
HRS
City of Gainesville
Alachua County
University of Florida
Santa Fe Community College
Mental Health Services, Inc.
Many other community organizations

What is the goal of the project?

To empower families to become self-sufficient by providing, through community collaboration, a continuum of health, social, and educational services in a family-focused environment.

Who participates in the project?

At-risk young children, birth to grade five, and their families. Major focus is economically disadvantaged. Over 750 children and their families were served in a year. About 80 percent of the families are African-American, and about 20 percent are white, based on enrollment in the Family Services Center's Even Start program. Most are young, female-headed families.

What services are provided?

- Case management
- Education, adult/child literacy
- Health and mental health
- Social and economic services
- Vocational/job employability skills
- Drug prevention and treatment
- Family liaison support
- Transportation
- Book and toy lending library

How are collaborators evaluating their success?

- Adult literacy–CASAS pre- and post-test
- Number of parents who completed GED or other educational goal
- Regularity of attendance and participation of families in center's programs and activities
- School readiness-gain scores on Preschool Inventory and Peabody Picture Vocabulary Tests
- Case studies and interviews with participating families

What are the collaborators learning?

Success is achieved by organizations relinquishing ownership and turf and working together for the benefit of families.

Contact person

Bebe Fearnside
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Harvard Family Research Project
The Decker Family Development Center (DFDC)
Barberton, Ohio

Who are the collaborators?

Barberton City Schools
University of Akron
Children's Hospital Medical Center of Akron
JOBS program
Ohio Department of Education
Head Start
Akron-Summit Community Action Agency
Barbara Bush Foundation for Family Literacy

What is the goal of the project?

To break the cycle of intergenerational poverty in Barberton, Ohio through a one-stop family support and early childhood intervention program providing an array of social, educational, and health services to parents and preschool-aged children.

Who participates in the project?

Low income families with preschool children; many JOBS participants.

What services are provided?

- Transportation
- Nutrition
- Adult literacy, parenting, and GED classes
- Case management and social work visits

How are the collaborators evaluating their success?

A total of 161 families were evaluated over an 18-month period. Parents completed a parent evaluation form, and children were assessed using the Learning Accomplishment Profile.

What are the collaborators learning?

- Overall, scores from 7 LAP dimensions show that the program enhances child development by 60 percent over what would be expected without intervention.
- There were gains in English and math scores.
- Success obtained on all levels, particularly on personal/family and self-sufficiency dimensions.
- Parents are satisfied with the program and find the staff easy to work with.

Contact Person

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Family Resource and Wellness Centers
Tucson, Arizona

Who are the collaborators?

Four school districts: Amphitheater, Flowing Wells, Sunnyside Unified, and Tucson Unified
City of Tucson
Pima County Board of Supervisors
Arizona State Agencies

What is the goal of the project?

To improve educational achievement by facilitating the delivery of community-assessed health, mental health, social, recreational and educational services to children, youth and families in the Tucson metropolitan area, thereby removing the barriers to success.

Who participates in the project?

At-risk and impoverished individuals and families are targets although others are served as well. It is estimated that thousands are served annually.

What services are provided?

- Primary health care for adults and children
- Food, clothing, and financial assistance
- Adult education
- Recreational programs
- Counseling
- Child care
- General education assistance

How are collaborators evaluating their success?

Statistical evaluation is still in progress.

What are the collaborators learning?

Anecdotal reports show that youngsters are making progress in attendance and participation in class; families are making progress in caring for themselves; and the community at large has recognized a problem exists and is now coordinating and collaborating with this effort.

Contact person

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Farrell Area School District Family Center/Instructional Support Center
Farrell, Pennsylvania

Who are the collaborators?

Farrell Area School District
State Department of Education
Department of Public Welfare
Department of Health and Human Services
Pennsylvania Department of Special Education
MH/MR of Mercer County
Children's Trust Fund
VISTA 1994

What is the goal of the project?

To collaborate with families and community support systems to better meet the educational and social needs of all children.

Who participates in the project?

- Individuals from birth through age 12 and beyond
- 65 percent minority, and approximately 250 families served annually.

What services are provided?

- Head start
- Day care
- K-4 program
- Instructional support team
- Teen parenting
- Elementary family center
- Family center for child development
- Primary health
- Early intervention
- School age child care
- Infant/toddler care

How are collaborators evaluating their success?

On-site evaluation and audit by state and local officials.

What are the collaborators learning?

Program has not been in effect long enough to draw any conclusions based on the initial evaluation.

Contact Person

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School of the Future Project
Austin, Dallas, Houston, and San Antonio, Texas

Who are the collaborators?

The Hogg Foundation

What is the goal of the project?

To help improve the lives of the many Texas children in need and at the same time circumvent the problems created by so many existing programs that are diverse, single focus, and uncoordinated.

Who participates in the project?

Elementary and middle school students in Austin, Dallas, Houston, and San Antonio

What services are provided?

- Health services
- Mental health services
- Recreational
- Family support
- Parent education
- Parental involvement
- Conflict resolution and gang prevention

How are collaborators evaluating their success?

Conducted a series of student surveys covering—

- ethnic identity
- self-esteem
- school climate
- academic achievement
- mental and physical health (Thomas Achenbach's Youth Self-Report Survey (YSR) for middle school students and a Teacher Report Form version (TRF) of Achenbach's YSR for elementary school children)

What are the collaborators learning?

- Notable differences in YSR sub scale scores when comparing the students surveyed in the participating middle schools (both experimental and comparison schools) and the students in the Achenbach national samples used as norms. Means calculated for each sub scale were much closer to the national means for the referred youth than for the nonreferred youth.
- With the TSR scores, the scores tended to increase from kindergarten to fifth grade. Socio-economic status and ethnicity were considered strong predictors of higher scores on many of the scales.

[This information is based on 1993 results. The evaluation is on-going.]

Contact Person

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Stark County Project
Summit School Family Resource Center
Canton, Ohio

Who are the collaborators?

Canton City Schools
Stark County Family Council
Child and Adolescent Services Center
Family Services
Stark County Department of Human Services
Parent Mentor Project
Stark County African-American Mentor Project
Ohio Department of Education Venture Capital
Annie Casey Foundation

What is the goal of the project?

To bring the Summit together as a caring family for support, education, service, and recreation.

Who participates in the project?

Families living in the Summit School attendance area, 27 percent of which are minority. In 1994–95, 150 families were served.

What services are provided?

- Mentoring
- Counseling
- Early intervention assistance
- Health clinics
- Agency connection
- Parenting classes
- Recreation
- Neighborhood foster care
- Housing assistance
- Library for parents and children
- Child protective services

How are collaborators evaluating their success?

MACRO International evaluation team is evaluating the Children's Mental Health Services Initiative.

What are the collaborators learning?

Evaluation in progress

Contact Person

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Emmerton Elementary School Healthy Start Program
San Bernadino, California

Who are the collaborators?

Department of Public Health
Department of Public Social Services
Department of Mental Health
Department of Probation
City of San Bernadino JTPA (Job Training)
City of San Bernadino Redevelopment Agency
City of San Bernadino Parks and Recreation
City of San Bernadino Literacy Program
San Bernadino City Unified School District
Emmerton School Staff
Children's Network
Norton Air Force Base
Parents, students, and community residents

What is the goal of the project?

- Emmerton parents and community members will be able to identify health and mental needs of self and family members, locate and secure timely and appropriate services, and institute preventative/wellness practices.
- Emmerton students, parents, and community members, joining together with collaborative efforts, will establish a safe, stable, and affordable living environment.
- Collaborative members, school staff, parents, and community members will provide no fewer than 25 different programs for Emmerton residents (children and adults) to meaningfully connect to school, work, and community in order to advance levels of education, life skills, employment, and community service.

Who participates in the project?

Families whose children attend Emmerton Elementary School (814 students) in San Bernadino. The City of San Bernadino ranks number one in welfare population in the county, with 37.9 percent on aid. Seventy-four percent of the population in Emmerton neighborhood are on welfare.

What services are provided?

Services based on three major goals:

- Emotionally, physically healthy children and families
- Stable, safe, affordable housing and revitalization
- Education and community-based programs which engage, challenge, and connect students and parents to the world of work, school and community.

How are collaborators evaluating their success?

- Developing computer database system for data collection
- Onsite staff collects data on clients, services needed and those provided, and any follow-up that was needed. All data are being collected and formatted to conform with statewide evaluation requirements.

What are the collaborators learning?

Evaluation is ongoing. Due to high mobility rates, a longitudinal study is difficult to conduct. Evaluation group needs to design a control group of *stable* students to aid in this study.

Contact Person:

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The Children and Adolescents Network of DuPage
DuPage County, Illinois

Who are the collaborators?

Council of Executive Directors made up of directors of primary mental health, social, and educational agencies in the county.

What is the goal of the project?

To assist DuPage County in making necessary changes in the mental health, social, and educational system of care for children and youth with emotional or behavior disorders and their families.

Who participates in the project?

County residents who are at major risk of failing to develop the emotional, behavioral, academic and vocational skills required by society to become independent, self-sufficient adults and whose service needs are complex, requiring service coordination and/or interagency collaboration to foster growth. The program serves approximately 35 students and their families annually.

What services are provided?

- Vocational
- Educational
- Medical
- Social

How are collaborators evaluating their success?

Functional information has been collected including child status, family involvement, interagency collaboration, community-based services, financial costs, consumer satisfaction, and demographic information.

What are the collaborators learning?

Data are currently being analyzed.

Contact Person

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Chatham-Savannah Youth Futures Authority
Savannah, Georgia

Who are the collaborators?

Armstrong State College
Chatham County Government
Chatham County Health Department
Savannah City Government
Commission on Children and Youth
Georgia Department of Family and Children's Services
Economic Opportunity Authority
Family Resource Center Advisory Council
Georgia Department of Education
Georgia Department of Labor
Housing Authority of Savannah
Memorial Medical Center
Private Industry Council
Project Success Churches
Savannah Area Chamber of Commerce
Savannah-Chatham Public Schools
Savannah State College
Tidelands Mental Health/Substance Abuse Center
Union Mission Homeless Shelter
United Way of the Coastal Empire
United Way Member Agencies

What is the goal of the project?

To create a community collaboration to bring about change in the policies, procedures, and funding patterns of community institutions needed to enable the youth to become productive, economically self-sustaining adults.

Who participates in the project?

All families in the focus area of the Family Resource Center; middle school students at high risk for substance abuse; middle school students two or more grades behind or with a high suspension rate; high school students with high course failure rates; and in-school teen mothers.

What services are provided?

- Case management
- After school programs
- Pre-school programs
- School-to-work transition support
- Adolescent health services
- Adolescent mental health services
- Mid-year promotions via CCP Labs
- Family support and development through the Family Resource Center
- Neighborhood outreach

How are collaborators evaluating their success?

- Tracked cohort data on eight identified school variables
- Conducted qualitative and quantitative evaluations on specific programs

What are the collaborators learning?

Mixed results:

- Dropout and retention rates decreased, but suspension and course failure rates increased.
- Highest risk middle school students achieved the norm, but long term positive outcomes are not evident.
- Immediate crisis intervention is stabilizing for short-term but not successful in keeping students in school in the long-term.

Positive results:

- Greater community and county awareness of the condition of children.
- Greater success in grant writing activity through collaboration among agencies.

Contact Person

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School-Based Youth Services Program
Trenton, New Jersey

Who are the collaborators?

New Jersey Department of Human Services
29 Schools
Mental health agencies
Hospitals
Family counseling agencies

What is the goal of the project?

To provide adolescents and children, especially those with problems, with the opportunity to complete their education, to obtain skills that lead to employment or additional education, and to lead a mentally and physically healthy life.

Who participates in the project?

- Adolescents between the ages 13–19, many of whom are at risk of dropping out of school, becoming pregnant, using drugs, developing mental illness, or being unemployed.
- 15,000 students served annually
- 51 percent are female, 50 percent African-American, 23 percent Hispanic, and 26 percent white

What services are provided?

- Crisis intervention
- Individual and family counseling
- Primary and preventative health services
- Drug and alcohol abuse counseling
- Employment counseling, training, and placement
- Summer and part-time job development
- Referrals to health and social services
- Recreational

How are collaborators evaluating their success?

Outside evaluators are working to evaluate various parts of the program. The Annie E. Casey Foundation has contracted to conduct an extensive evaluation over the next three years.

What are the collaborators learning?

Results are not available at this time.

Contact Person

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School-Based Youth Services Program
New Brunswick, New Jersey

Who are the Collaborators?

Department of Human Services-New Jersey
University of Medicine and Dentistry of New Jersey
Community Mental Health Center
New Brunswick Tomorrow
New Brunswick Public Schools

What is the goal of the project?

To serve as a "drop-out" prevention initiative focusing on services that specifically address "at-risk factors" for dropping out of school. Based on the theme of "one-stop shopping," the program provides five basic service components.

Who participates in the project?

The approximately 5,000 students enrolled in the New Brunswick Public Schools. The ethnic breakdown is 49 percent African-American, 44 percent Hispanic, 5 percent white, and 2 percent Asian. The SBYSP provides services to children and their families pre-kindergarten through high school.

What services are provided?

- Mental health including substance abuse prevention services.
- Physical health
- Teen parenting/child care services
- Career/employment services
- Social and recreational activities

How are collaborators evaluating their success?

- Client satisfaction questionnaires
- Conducted community surveys about knowledge, acceptance, and accessibility of the services.
- A formative evaluation by professional evaluators is scheduled to commence September 1995.

What are the collaborators learning?

SBYSP is well-integrated into the school system and is accepted by the community as an essential service to New Brunswick children.

Contact person

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South Tama County School-Based Youth Services Project
Tama, Iowa

Who are the collaborators?

Mental Health Clinic
Public Health Services
Juvenile Court Office
Department of Human Services
Mid-Iowa Community Action
Alternative Services, Inc.
Domestic Violence Alternative
Covenant Medial Center
Catholic Charities
Job Service of Iowa
Jobs Training Partnership Act (JTPA)
Job Corps
Iowa Valley Community College
Mesquaki Alcohol & Drug Abuse

What is the goal of the project?

To help ensure that every South Tama student graduate is employable, healthy and drug-free. It is STCSBYSP's premise that any student on any given day could be at risk so it strives to serve all students while targeting those *most* at risk.

Who participates in the project?

South Tama middle and high school students (grades 6–12), drop-outs to age 21, and their families. The program also offers various services to other adults in the community under the belief that a healthier community leads to healthier families who raise healthier kids. Starting in the fall 1994, the project expanded its services to the elementary level. The project's school has a 16.3 percent minority population consisting mainly of Native Americans (11.3 percent) and Hispanic (4 percent). In 1993–94,962 students had at least one contact with the Center.

What services are provided?

- Mental health, individual, family, group, and crisis counseling; diagnostic evaluations; emergency hotline
- Health services including pregnancy testing, physicals, nutritional counseling, WIC, dental assessments, immunizations, and education
- Substance abuse assessments, educational groups, support groups
- Intense supervision and independent living.
- Family development and basic needs.
- Pre- and post-pregnancy counseling and adoption services
- Counseling for family violence and sexual assault
- Employment services such as work experiences, job training, apprenticeships, college/career exploration, job searches, etc.
- GED, Learning Lab for credits needed to graduate, and tutoring
- Recreational services
- Limited daycare
- New for 1994–95: a mentoring program

How are collaborators evaluating their success?

Since the spring of 1991, staff at the Center have tracked demographics, services, contacts, and outcomes. This information is added to a database throughout the school year. A copy of this information (minus names and addresses) is sent to the Iowa Department of Education, where it is tabulated and summarized. Evaluations are also generated through annual student and parent surveys.

What are the collaborators learning?

Overall, these have been highly favorable of the SBYSP, and results show an increase in attendance and grade point averages (GPAs); however, the programs have not yet decreased the drop-out rate. Results also have indicated a need to work harder to pull in Native American students since this population makes up 50 percent of the drop-outs, yet only 11 percent of the student population. Detailed evaluation results are lengthy and may be requested from the people listed above.

Contact person

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The Children's Aid Society's Community Schools Program
New York, New York

Who are the collaborators?

Intermediate School 218
Primary School 5
Children's Aid Society

What is the goal of the project?

To extend the use of existing facilities so they become multi-service centers providing all services required by neighborhood children and families.

Who participates in the project?

Children and families in the Washington Heights/Inwood area at the northern tip of Manhattan. Heavily Hispanic area with 30 percent new immigrants from the Dominican Republic. Just less than half of the population makes under $10,000 per year. High crime area.

What services are provided?

- Health services
- Before and after school programs
- Academic support
- Career readiness
- Arts and recreation programs
- Parent resource centers
- Summer programs
- Community development

How are collaborators evaluating their success?

- By measuring attendance, test scores, incidents of violence, and observations of the school environment and personnel attitude
- The Children's Aid Society staff is beginning a 10-year longitudinal study to evaluate the schools

What are the collaborators learning?

- Test scores have increased 15 points in both math and reading
- Attendance is the highest in the district
- No incident of violence in an area where violence in schools occurs every day
- No property destruction or graffiti

Contact Person

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The Children's Aid Society
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Alianza Dominicana, Inc.
La Plaza Beacon School
New York, New York

Who are the collaborators?

New York City Department of Youth Services
The Annie E. Casey Foundation
New York Community Trust
Northern Manhattan Coalition for Immigrant's Rights
Dominican Women's Development Center
Concilio De Organizaciones Dominicanas, Inc.

What is the goal of the project?

To provide comprehensive and integrated social, educational, recreational, and vocational services to at-risk children, youth and families in a centralized, community school-based setting.

Who participates in the project?

Residents living in the Washington Heights/Inwood community in New York City. This includes 5,000 youth between 6 and 21 years of age and 3,000 adults age 21 and older. Approximately 95 percent of the clients are Hispanic, mostly of Dominican ancestry, while 5 percent are of African-American origin.

What services are provided?

- Recreation and sports activities
- After school programs
- Day camp
- Counseling
- Tutoring
- GED/ESL classes for adults
- Immigration/paralegal services
- Citizenship counseling
- Pregnancy prevention
- Drug prevention and a 500-seat auditorium for community-wide activities.

How are collaborators evaluating their success?

- Coordinator of Client Services continuously assesses and evaluates client satisfaction and program effectiveness.
- A computerized evaluation system is being established through a client database to record and evaluate program outcomes. The database will set the groundwork for a longitudinal study of Alianza's services.

What are the collaborators learning?

Evaluation still in progress.

Contact person

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The Career Ladder Program
Burien, Washington

Who are the collaborators?

Public School District
Vocational Rehabilitation
Adult Service Employment Agencies

What is the goal of the project?

Ongoing career development of youths who would not otherwise be employed, upwardly mobile, or succeeding in post-secondary school.

Who participates in the project?

Youth, ages 16–25, identified as having mild disabilities–including teen parents, youth from foster homes, youth at risk of dropping out, youth from low income families. The ethnic breakdown indicates 51 percent African-American; 22 percent Hispanic; 15 percent white; 5 percent Chinese-American; 3 percent Filipino; 2 percent Vietnamese; 1 percent Japanese; Native American; and Middle Eastern. The program has served 127 students in its first five years.

What services are provided?

- On-the-job training
- Intern opportunities
- Job-keeping skills
- Social skills
- Peer counseling techniques
- Job search skills

How are collaborators evaluating their success?

Graduates were contacted every six months and queried about percent of time employed, hourly earnings, level of benefits, post-secondary educational level, number of courses completed, perceived positive work life changes, and perceived negative work life changes.

What are the collaborators learning?

92 percent of the participants were working, in college, or a combination of the two.

Contact Person

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Comprehensive Services for School Age Parents
Philadelphia, Pennsylvania

Who are the collaborators?

The School District of Philadelphia
Pennsylvania Department of Education
U.S. Department of Education
U.S. Department of Maternal and Child Health
Temple University
Wee Care
Health Federation of Philadelphia
Zeta Phi Beta
National Institute for Parents As Teachers

What is the goal of the project?

To provide an alternative middle and high school educational program for pregnant and parenting teens. Combining both educational and social services, it offers pregnant students small classes, individualized instruction, AGE/GED classes, and a variety of social services. Its objectives are to retain pregnant and parenting students in school, support them until graduation and transition to post-secondary education, insure normal birth weights, provide parenting education, and monitor a timely immunization program for infants.

Who participates in the project?

Any pregnant teen enrolled in a School District of Philadelphia school. Approximately 98 percent are African-Americans with whites and Hispanics making up the remaining 2 percent. The majority come from families below the poverty level. Total program enrollment is approximately 400.

What services are provided?

- Educational services
- GED classes
- Day care
- Home health visiting
- Parenting program
- School nurse

How are collaborators evaluating their success?

An independent researcher has collected data through observations, document reviews, interviews. The researcher reviewed nationally formed surveys and created a computer-assisted data base for on-site use.

What are the collaborators learning?

Evaluation to date has demonstrated that infants and toddlers connected to the program are fully immunized and that mothers have a greater incidence of normal or better birth weights as compared to general teenage birth statistics. There is a strong suggestion that student retention is greater as compared to the drop-out rates of pregnant students who do not attend.

Contact person

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Mujeres Y Hombres Nobles
Los Angeles, California

Who are the collaborators?

Los Angeles County Office of Education, Division of Alternative Education
Los Angeles Conservative Corps
Madrinas/Padrinos Program
University of Southern California
California State University Los Angeles
East Los Angeles Community College
Roybal Community Health Center
Santa Marta Hospital
Maravilla Housing Project/Parent Advisory Council
Youth Leadership Council
Los Angeles County Office of Probation
Los Angeles Sheriffs
Soledad Enrichment Action
Department of Public Social Services
District Attorney's Office
Gangs For Peace
Building Up L.A.
Booth Memorial Salvation Army

What is the goal of the project?

To provide integrated services to middle and high school age youth who are highly at risk of gang activity and/or substance/alcohol abuse.

Who participates in the project?

Largely Latino urban community in east Los Angeles

What services are provided?

- Academic services
- Counseling services
- Gang risk reduction
- Drug prevention and treatment
- Job training
- Leadership training
- Cultural pride and self-esteem
- Conflict resolution and mediation
- Arts program

How are collaborators evaluating their success?

(Project is in second year of a five-year evaluation process.)

Quantitative data analysis from—

- student information including exit date, test scores, grades, promotion rates, and graduation rates
- formal survey information on drug/substance abuse and gang activity
- demographic information

Qualitative data analysis from—

- observations
- interviews of teachers, counselors, probation officers, parents
- review of related documents

What are the collaborators learning?

Quantitative:

- Twice as many boys as girls, ranging from 13–18 years old
- Majority from Los Angeles with others from Mexico, Central America, and Vietnam
- 50 percent of students come from single parent homes

- Approximately two-thirds of the students speak a language other English as primary language in the home.
- Twice as many students attended English-only elementary programs than those who were in a bilingual classroom.
- 75 percent of the students have some family member affiliated with gangs at some point; 50 percent indicate there is current involvement.
- Gang involvement lasts from less than three months to more than three years.

Qualitative:

- There exists a range of highly effective to moderately effective learning and instruction across academic programs.
- There is a varying range of active student engagement in academic and non-academic activities
- "Traditional paradigms" in service delivery (isolation vs collaboration) and under girding philosophical orientation across program components is questioned.
- In a culture of respect, acceptance, and responsibility, students are experiencing some type of success.

Contact Person

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Migrant Education Summer Institute
Central and South Florida

Who are the collaborators?

Migrant Child Education Program
Adult Migrant & Seasonal Farm Worker Program
Food and Nutrition Program

What is the goal of the project?

To help motivate at-risk migrant students to stay in school and obtain a high school diploma. The program emphasizes the need for an education in today's increasingly technological society.

Who participates in the project?

Migrant students ages 14–21, grades 6–12, and dropouts. Approximately are 90 percent Hispanic, 7 percent African-American, 1 percent white and 2 percent other.

What services are provided?

- Room and board
- Academic instruction
- Tutorial services
- Guidance and counseling services
- Recreational activities
- Career development
- Self-concept improvement
- Health services

How are collaborators evaluating their success?

The participants in the summer institute were compared to a control group in the areas of graduation and school persistence and dropout rates over a four-year study.

What are the collaborators learning?

Of the 230 participants in the original summer institute, 89 percent were still in school or had graduated four years later. This compared to a control group of 232 students where only 54 percent had graduated or were still in school. While the pattern of dropout percentages mirrored that of the control group, the actual percentages were significantly less at each grade level.

Contact person

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Appendix A

Exemplary Programs Represented at the Conference

Part 2: Interprofessional Development Programs

The Training for Interprofessional Collaboration (TIC)
University of Washington
Seattle, Washington

Who coordinates the program?

The Training for Interprofessional Collaboration (TIC) Steering Committee is made up of faculty members, staff, and one student.

What types of interprofessional activities occur?

In the community:

Students enrolled in degree programs are divided into cohorts by discipline and they remain together as cohort members throughout the program. Each cohort meets in the community for a number of weeks during the planning stages of the project. The project that they plan is the on-site integration.

In the degree program:

Each student involved in the course is required to attend class weekly. The class is designed to teach students how to collaborate effectively.

How is the community served?

The service provided depends upon which project the cohort has decided to work. The cohorts are chosen based upon student interest and background. Care is taken to see that the cohorts are a "mixed bag" of professional areas. The members of the class meet for a number of weeks, learning about how to effectively provide integrated services for children and families. Then the group splits and the cohorts meet in the community with community members and it is then that they decide on a project that they will endeavor to pursue.

How do schools participate?

Schools (in the South Central School District and the Central School District) participate as the sites for cohort projects. Schools are active in helping cohorts decide what kind of projects to pursue. They are major stakeholders in the collaboration.

How long has the interprofessional program been operating?

The program has been in existence for three years. This is the last year of external funding for the project.as a pilot project for the University. Project staff is working to institutionalize program.

What clinical experiences are offered?

Each student involved in the class receives clinical experience through his or her own school (nursing, social work, education, etc). Involvement in the class helps students to choose clinical experiences that are related to their class experience.

How is the program evaluated?

There is a very strong evaluation team made up of two faculty members (steering committee members), and two research assistants. The evaluation of the program has helped in very substantive ways to improve the program. For example, in year one the course was all didactic. Evaluation results revealed need for some practical experience. In year two, the evaluation results revealed that each cohort needed to be exposed to a practitioner, which lead to having one cohort guide as a practitioner and one as a faculty member.

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ATE Commission on Leadership in Interprofessional Education
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Who are the members?

The ATE Commission on Leadership in Interprofessional Education is a 55-member group representing ten professions serving children and families. Everyone is engaged in integrated services and interprofessional training.

What types of interprofessional activities occur?

In the community:

Integration occurs at meetings where members come together to discuss specific projects and position papers. One of the main themes is determining what each profession needs to know about other professions in order to build bridges and provide integrated services to children and families.

How is the community served?

The service that the commission provides is primarily in the area of technical assistance to various projects and institutions to help them improve the services that they provide to families and children. The commission also suggests legislation and writes concept papers on subjects pertaining to integrated services and/or interprofessional training.

How long has the interprofessional program been operating?

The program began in February 1993 with the first meeting in Los Angeles.

What clinical experiences are offered?

The commission itself does not provide opportunities for clinical experience. However, each of the interprofessional training projects that is involved with the commission, has clinical components to its program.

How is the program evaluated?

The main evaluation tool is feedback from participants which is presently being used to help redefine the statement of purpose and requirements for inclusion in the commission.

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Healthy and Ready to Learn
Honolulu, Hawaii

What types of interprofessional activities occur?

In the community:

The on-site integration occurs in the magnet activities. These are meetings where the professionals give input concerning the families that are being served, allowing professionals to comment based on their areas of expertise.

In the degree program:

The Health and Education Collaborative (the training component of Healthy and Ready to Learn) provides training for pediatric and ob-gyn residents to provide preventive healthcare.

How is the community served?

The program offers preventive healthcare, education, and social support services provided by University of Hawaii School of Medicine pediatric and ob-gyn residents and an interprofessional team made up of a nurse practitioner, an early childhood educator, and a social worker to at-risk children from birth to five years of age and their families.

How do schools participate?

The program administrators are anticipating and planning for coordination of services with the schools. They are in the process of making preliminary linkages with the schools. There are a number of teenage pregnant women who are involved with the Healthy and Ready to Learn Project.

How long has the interprofessional program been operating?

The program began in February 1994.

What clinical experiences are offered?

The pediatric and ob-gyn residents gain their clinical experiences providing preventive healthcare to families in rural Oahu.

How is the program evaluated?

Given that the program is so new, evaluation results have not been obtained. There is, however, an evaluation plan and administrators are in the process of finding an evaluator. The evaluation will focus on direct services and the improvement in health and education outcomes; collaboration, the successes and pitfalls; and community response to the program.

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The Interprofessional Commission of Ohio (ICO)
Columbus, Ohio

What types of interprofessional activities occur?

In the community:

The commission coordinates university service efforts to the community. There are fifteen disciplines (education, law, medicine, nursing, social work, theology, psychology, etc.) that work directly with communities in areas of health, education, economic growth and human services.

In the degree program:

There is a classroom component in which students are offered courses that are designed to benefit students from a number of disciplines. For example, there is a course in the planning stages called community development. The course is designed to prepare students from a number of disciplines to participate in community development using their various professional expertise in conjunction with other professionals.

How is the community served?

Services provided to the community are in the form of research, information dissemination, and direct services provided by professionals and preprofessionals to the children and families of Ohio. This program is unique in that it also provides services to professional associations in the area of improving collaboration among professions. Specifically, the commission provides interprofessional planning, training and education for communities, institutions and agencies interested in collaboration.

What clinical experiences are offered?

There is a newly developed fifteen-discipline initiative that provides fifteen top graduate students with the opportunity to work along with a faculty mentor directly in the community. For the past twenty years, the ICO has provided teams of pre-professionals for service to schools, health providers, and others for clinical experience.

How do schools participate?

The schools participate as recipients of services from various teams and individuals from the university. The schools send individual teachers and teams of teachers to participate in interprofessional seminars on issues related to children and their families.

How long has the interprofessional program been operating?

The program began in January 1973 with about seven disciplines involved. As of 1995, fifteen disciplines are involved.

How is the program evaluated?

Qualitative evaluation of the total program has included comprehensive interviews with a wide range of program participants and service recipients. Specific project evaluation is generally a combination of qualitative and quantitative methodologies designed by the principal investigator(s) and staff. Evaluations have been very positive and encouraging. Projects achieve their specific goals. The impact of the total program is positive.

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University of Southern California Interprofessional Initiative
Los Angeles, California

What types of interprofessional activities occur?

In the community:

There are interdisciplinary teams of preprofessionals from education, social work, public administration, nursing, dentistry, and sociology who coordinate services at a number of school and health and human services sites.

In the degree program:

Built into the training of these pre-professionals is a curriculum (eight different courses are offered) that stresses integration among professionals. For example, a course was offered in the fall semester titled, "Seminar in Integrated Services for Families and Children." Students participating in the course (which was co-taught by faculty from social work, education, public administration, and nursing) were graduate and undergraduate students from nursing, social work, psychology, education, and public administration.

How is the community served?

The program seeks to provide family-centered, integrated services (education, health, and human services) to children and families in South Central Los Angeles.

How do schools participate?

Schools serve as operational sites for preprofessional teams.

How long has the interprofessional program been operating?

The pilot of the program was Fall of 1993.

What clinical experiences are offered?

Each operational site has one full team of interns (from various disciplines), the tasks performed vary depending upon the site, the team, and the intern. Pre-professionals work with school staff to aid their servicing of students, they work directly with students to provide and/or coordinate services, and they work as researchers to determine what is happening in schools regarding integrated services and what needs to be done.

How is the program evaluated?

A formative evaluation plan was begun last spring, however, it became clear to the faculty that in order to do an effective, rich evaluation, the evaluation team must be interdisciplinary. The program director is in the process of determining which professions should be represented on the evaluation team.

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Early Childhood Training Team
Univeristy of Vermont
Burlington, Vermont

Who Coordinates the program?

An Advisory committee made up of University of Vermont faculty and community members prepare Early Intervention Specialists to Serve Infants, Toddlers and Preschoolers At-Risk or With Identified Disabilities and Their Families Within Rural Vermont.

What types of interprofessional activities occur?

In the community:

Sites are chosen for their transdisciplinary nature. The integration that occurs on site involves students using their previously acquired skills in conjunction with knowledge derived from the program to serve community members.

In the degree program:

The Master's program intentionally recruits and accepts people who have a variety of professional backgrounds (physical therapy, speech therapy, nursing, and early childhood education) who are trained to be early interventionists. The integration occurs at the classroom level where students are encouraged to share the expertise that they've gained in previous professional areas. Every student must integrate what they know to serve the community.

How is the community served?

The program provides family-centered, integrated early childhood special education services to young children and their families within the community. The program also prepares professionals from the community (already employed in human and social services) and those who come from various professional backgrounds to focus on family-centered special education services.

How do schools participate?

The schools serve as sites for practical experience and co-supervise students.

How long has the interprofessional program been operating?

The program has been in existence for six years.

What clinical experiences are offered?

Practicum sites are chosen based upon their transdisciplinary nature. Every student must use previously acquired and newly gained knowledge to serve children and families in the community.

How is the program evaluated?

Evaluations are conducted on a number of levels. Students evaluate faculty and their practical experience. Family members (in families that are practicum sites) evaluate students on their abilities to be family centered. School administrators evaluate students on school performances. The advisory committee uses all of this evaluation material to make formative changes in the program.

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The Institute for Educational Renewal at Miami University
Miami (of Ohio) University
Oxford, Ohio

What types of interprofessional activities occur?

In the community:

Groups of students and faculty from social work, health, and education areas work together to provide services for children and their families in school settings. In one high school, a school-based health education program is offered to adolescents. In a middle school, fifteen service providers representing several health and social service agencies have been co-located.

In the degree program:

The training focus is academically-oriented public service. The purpose of the public service performed by pre-professionals is to help them to develop the skills necessary to provide integrated services to their students.

How is the community served?

The services provided vary according to the site. For example, in Cincinnati's west end, two middle schools (Bloom and Porter), are centers for school-linked services and family resource centers. They are sites of school/community consortia, family support and housing services, economic development, and neighborhood revitalization.

How do schools participate?

There are eleven school communities participating in the program. Schools and the social service systems are partners. Schools are teaching university students.

How long has the interprofessional program been operating?

The program began with the 1990–91 academic year.

What clinical experiences are offered?

For one semester (fifteen weeks), education students work with social workers, health care professionals, and academically-oriented public service teachers in a school setting learning to provide the most complete service for children and their families.

How is the program evaluated?

The evaluation plan consists of three main foci:

- Determining the necessary conditions for change.
- Looking at program outcomes for children and youth.
- Determining the range of services needed for children and youth.

The results have varied by school.

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Project TEACH
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What types of interprofessional activities occur?

In the community:

The integration occurs when student teachers offer assistance to practicing teachers and students regarding social services. Pre-service teachers, after doing internships with social service agencies, do their student teaching in schools, advising teachers about the services that agencies provide.

In the degree program:

There is a module of courses offered that requires a social services internship. The internship cannot be done if the student has not had one of these courses.

How is the community served?

The community is served by the program in conjunction with the social service agencies and the schools. Pre-service and in-service teachers are given insight into the kinds of services that social and human services agencies provide. The insight makes them more able to serve their students.

How do schools participate?

The schools participate by accepting and training student teachers. In-service teachers attend yearly conferences with social and human services personnel to learn more about the services provided.

How long has the interprofessional program been operating?

The program has been in existence since June 1993.

What clinical experiences are offered?

Students are given experience working in social and human service agencies and in the schools as student teachers.

How is the program evaluated?

The funding source for the program is the American Association of Colleges for Teacher Education (AACTE) to whom quarterly and annual reports are submitted. Evaluation of the program occurs on a number of levels. Site supervisors (within the human and social service agencies) evaluate student performance, the students evaluate the social and human service agencies, and master teachers evaluate students' teaching performance, and master teacher and agency personnel evaluate the conferences provided. Changes to the program are made in light of evaluation findings.

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Albuquerque Human Services Collaborative
University of New Mexico
Albuquerque, New Mexico

Who are the members?

Albuquerque Human Services Collaborative includes a grouping of between 40 and 60 community service organizations.

What types of interprofessional activities occur?

In the community:

Develop and pilot test strategies at the school site that enable schools, health, justice, and social service agencies to work together to strengthen support for healthy development of children and youth.

In the degree program:

Establish and pilot test a community-based professional development component of the curriculum that will increase the knowledge, skills, and opportunities for school personnel, health, justice and social service personnel to work cooperatively to facilitate children in reaching their full potential.

How is the community served?

This is primarily a research project to ascertain the role of colleges of education in interprofessional development related to professional preparation programs and professional development programs. Preprofessionals (from education, health, human, and social service fields) involved in the project, also provide services directly to the community.

How do schools participate?

Schools act as partners in the effort to secure services for children. Schools do the needs assessments for the community and work with social, health, human, and social service agencies to ensure that the services are secured

How long has the interprofessional program been operating?

The program began January 1, 1993.

What clinical experiences are offered?

The program provides pre- and in-service clinical experience in the areas of education, health, justice, and social and human services.

How is the program evaluated?

There are on-going quantitative and qualitative evaluations of the program. The outcomes of the evaluations direct future activities.

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University of Pittsburgh Child Welfare
Interdisciplinary Studies Program
Office of Child Development
Pittsburgh, Pennsylvania

What types of interprofessional activities occur?

In the community:

There is collaboration among 700 University of Pittsburgh faculty who have interests in issues related to children and families. The collaboration on site involves the clinical experiences of the upper undergraduate and graduate students from a number of disciplines who provide services directly to the community.

In the degree program:

There are courses designed specifically to be interdisciplinary. These courses are taken by students in a number of different training areas (i.e. education, psychology, nursing, social work.)

How is the community served?

The Office of Child Development (OCD) coordinates $7 million/year of collaborative projects covering a variety of areas (i.e., comprehensive family support, early intervention, and tracking of high-risk infants.)

How do schools participate?

Schools participate in specific projects with university faculty and students.

How long has the interprofessional program been operating?

The program began in 1986.

What clinical experiences are offered?

As part of the training grant provided to the program, all students involved in social, health, and human service programs do internships in public and private agencies related to children and families.

How is the program evaluated?

With funding from OCD, the program has developed a policy and evaluation office. The office conducts evaluations of a number of community projects and serves as a consulting source for agencies on evaluation. The program has conducted self-evaluations and made programmatic changes based upon these evaluations.

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Center for the Collaborative Advancement of the Teaching Profession
University of Louisville
Louisville, Kentucky

Who Coordinates the program?

Center for the Collaborative Advancement of the Teaching Profession

What types of interprofessional activities occur?

In the community:

Professionals from a number of disciplines: education, social work, law, and medicine coordinate services for K - 12 students at three urban schools.

In the degree program:

Cross-professional experiences are offered to graduate students from the schools of social work, education, nursing, medicine, and business.

How is the community served?

The program enhances services available to the school community by creating opportunites for inter-disciplinary service planning and delivery. The goal is to shift from crisis intervention to prevention.

How do schools participate?

Schools serve as sites for integrated services. School personnel serve as members of the interdisciplinary teams that serve the school population.

How long has the interprofessional program been operating?

This program has been in existence since January 1993.

What clinical experiences are offered?

Opportunities are provided for preprofessionals to participate on interdisciplinary teams providing direct services to youth.

How is the program evaluated?

An evaluation subcommittee of the Advisory Committee establishes the research/evaluation agenda and procedures. Each initiative has an evaluation component. In addition, a qualitative study of the process of the project (interdisciplinary collaboration) is being conducted. The results to date are tentative but indicate that the individual initiatives have achieved some success in addressing needs from a preventative perspective. For example, while school district wide immunization remain problematic, the middle school in our project had 100 percent compliance. Results related to the overall project and interdisciplinary collaboration indicate three factors as key components to any success we have realized. Those factors include the development of multiple leadership roles, the impact of sponsorship in facilitating collaboration, and the importance of fulfilling boundary-spanning roles betweeen agencies.

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California State University, Fullerton
Center for Collaboration for children

What type of interprofessional activities occur?

In the community:

Students participate in all service activities that are occurring at the particular site they have selected for their practicum. This can range from policy work (as with students who work at school districts) to actual services being rendered onsite (as with students who are nurses). Since we have students from varied fields, (i.e. criminal justice, nursing, education and social work), they use their own expertise to enrich the collaborative work being done on site.

In the degree program:

The program offers seminar-style courses, with a grett deal of interaction among the participants. One example of a collaborative exercise is to divide the group into smaller groups of four, present a case scenario and then the participants work as a team to develop treatment plan. Additionally, the readings required for the course come from many disciplines and team teaching is done by professors from at least four different academic disciplines.

How is the community served?

Because our program caters to many who are already working within the community, participants take what they are learning and can immediately implement it with the community via the services they provide.

How do schools participate?

Some schools participate by virtue of the fact that their employees are enrolled in the courses. Schools often act as praticum sites. We recruit some students via master teachers or their involvement with the university on other levels.

How long has the interprofessional program been operating?

The program began in Spring of 1994. Since then, we have offered the first course, Theory and Practice of Integrated Services, twice and the second course, Practicum in Services Integration, once.

What clinical experiences are offered?

In the first course, only a site visit is required. In the second course, students spend intensive time in integrated services settings (i.e Healthy Start sites or community-based organizations).

How is the program evaluated?

The evaluation plan is currently being developed by Morgan Lyons of Lodestar Management/Research and Dr. Andrea Zetlin of California State University, Los Angeles. Dr Zetlin is the contact person and she can be reached at (213) 343–4410. We also ask participants to evaluate their experience at the end of each course.

Appendix B

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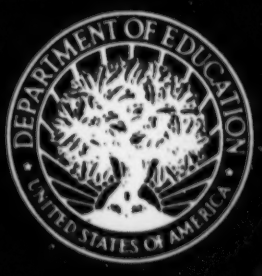

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